## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 199000083078

1. Entity Name

M RAY SMITH CORP.



## FILED Mar 13, 2003 8:00 am Secretary of State

03-13-2003 90070 020 \*\*\*150.00

DO NOT WRITE IN THIS SPACE						70027632			
2. Principal Place of Business 2983 Lookout Blud			3. Mailing Address 2943 Loower Blvd						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State PORT ST LUCYE FL			City & State FORT 57 LUCIE FL Zip 34954 Country USA ST LUCIE			4. FEI Number Applied For 65-094996& Not Applicable			
Zip 3494	cij	ST LUCIE	Zip 34954	Coun	try USA Lucie	5. Certificate of Status Desired   \$8.75 Additional Fee Required			
						7. Name and Address of Current Registered Agent			
						Name SMITH M. RAY			
DO NOT WRITE Street Ad						s (P.O. Box Number is Not Acceptable)			
		N THIS SP							
1743 LOOKOUT BLUE									
					City Prox 5	E Lucie F	Z FL	Zip Code 34954	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE									
		or printed name of registered agent ay 1 Fee is \$150.00	and title if applicable.	(NOTE: Registered	Agent signature required	when reinstating)	DATE		
After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State							mpaign Financing Contribution.	<b>\$5.00</b> May Be Added to Fees	
10.		OFFICERS AND	DIRECTORS	A CONTRACTOR	South Conference of the Confer				
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STREET ADDRESS			,		T ADDRESS				
CITY-ST-ZIP	etife that tha	information available with	this filing does not qualify	Sec. of Sec. 11	ST-ZIP				

12. I nereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/11/03

772 336 3466

Daytime Phone #

R2E034B (12/02)